



Attorney Docket No. R00937US (# 90568)

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- () original
() design

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of last three items.

- (X) national stage of PCT
() supplemental

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- () divisional
() continuation
() continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**ACTIVE SUBSTANCE-CONTAINING FILM-LIKE PREPARATIONS HAVING
IMPROVED CHEMICAL STABILITY, AND PROCESSES FOR THEIR PREPARATION**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b), or (c))

- (a) () is attached hereto.
(b) () was filed on _____ as () Serial No. _____ or
() Express Mail No. _____, as Serial No. not yet known
and was amended on _____ (if applicable).



ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Germany Application No. 102 24 612.2 filed June 4th, 2002
PCT Application No. PCT/EP 03/04816 filed May 8th, 2003

POWER OF ATTORNEY

As a named inventor, I hereby appoint D. Peter Hochberg, Reg. No. 24,603, Katherine R. Vieyra, Reg. No. 47,155, and William H. Holt, Reg. No. 20,766, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

D. Peter Hochberg Co., L.P.A.
1940 East 6th Street - 6TH Floor
Cleveland, Ohio 44114-2294

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

D. Peter Hochberg
(216) 771-3800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: Dr. Christian VON FALKENHAUSEN

Inventor's signature

06.12.2004
Date

Germany

Country of Citizenship

Residence

Merler Ring 7, 53340 Meckenheim, Germany

Post Office Address

Merler Ring 7, 53340 Meckenheim, Germany

Full name of second joint inventor, if any: Dr. Walter MÜLLER

Inventor's signature

06.12.2004 Walter Müller Germany
Date Country of Citizenship

Residence

Hindenburgwall 12, 56626 Andernach, Germany

Post Office Address

Hindenburgwall 12, 56626 Andernach, Germany

**CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S)
FORM A PART OF THIS DECLARATION**

- ☒ (X) Signature for third and subsequent joint inventors. Number of pages added 1.
- ☐ () Signature by administrator(trix), executor(trix) or legal representative of deceased or incapacitated inventor. Number of pages added _____.
- ☐ () Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.

- ☐ () Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
- ☐ () Number of pages added _____.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

- ☐ () This declaration ends with this page.

Full name of **third joint inventor**, if any: Dr. Markus KRUMME

Inventor's signature

06.12.2004

Date

Markus Krumme

Germany

Country of Citizenship

Residence

Feldkircher Strasse 46, 56567 Neuwied, Germany

Post Office Address

Feldkircher Strasse 46, 56567 Neuwied, Germany